**MyHealthyLife™ Chronic Condition Management (CCM) Program 2020 Formulary**

Please Note – All MissionCare Plan (MCP) participants will receive all generic medications for $0 copay, regardless of inclusion or participation in the CCM program. HSP participants will be required to satisfy all deductible amounts for non-preventive medications, regardless of inclusion on this chronic condition management program formulary.

*IRS guidelines for Health Savings Plan (HSP) participants allow only preventive medications to be covered with no cost to the participant. Medications that do not qualify as free for HSP members are asterisked and will be subject to the normal payment.

**DEPRESSION**

**ASTHMA & COPD**

**INHALATION PRODUCTS**

ADVAIR, ANORO ELLIPTA, ARUNITY ELLIPTA, ATROVENT, BREO ELLIPTA, COMBIVENT RESPIMAT, FLOVENT, FORADIL, INCRUSE ELLIPTA, PROAIR HFA, PULMICORT FLEXHALER, SEREVENT, SPIRIVA, STIOLTO RESPIMAT, SYMBICORT, VENTOLIN HFA

**ORAL AND MISCELLANEOUS AGENTS**

AEROCHAMBER*, EASIVENT*, MICROCHAMBER*, XOLAIRPA*, ZYFLO

**DIABETES**

**INSULIN**

HUMALOG, HUMULIN R U-500, HUMULIN N, HUMULIN R, LANTUS, HUMALOG MIX 75/25, HUMALOG MIX 50/50, HUMULIN 70/30, HUMALOG U-200 KWIKPEN, TOUJEO

**NON-INSULIN HYPOGLYCEMIC AGENTS**

ORAL AGENTS - (Includes Combinations and ER Formulations)

GLYXAMBI, INVOKANA, JANUVIA, JARDIANCE, SYNJARDY, TRADJENTA

**INJECTABLE AGENTS**

BYETTA, BYDUREON, Glucagon*, OZEMPIC, TRULICITY, VICTOZA

**MISCELLANEOUS AGENTS**

Alcohol prep pads*, lancets*, insulin syringes & pen needles, KETOSTIX*, oral glucose tablets*, OneTouch Test Strips*, Dexcom CGM sensors*

**ANTI-INFLAMATORY – Specialty Agents**

Participation in manufacturer copay card programs may be required.


# - May only be covered for continuing therapies (grandfathered). New start therapies may not be covered.

**NICOTINE DEPENDENCE**

CHANTIX

Formulary Disclaimer: Coverage for some drugs may be limited to specific dosage forms and/or strengths. The benefit design determines what is covered and the applicable co-payment. The medications listed on this formulary are subject to change pursuant to the formulary management activities of Optum. The presence of a medication on this formulary list does not guarantee coverage.

This formulary is intended for participants enrolled in the CCM Program. This program allows participants to receive certain brand name medications for $0 co-pay. Prescriptions must be filled at a Mission Pharmacy to receive the $0 copay benefit for the listed brand name medications. Please note that participants in the Health Savings Plan (HSP) will not have $0 copay on medications that are asterisked in the program until their deductible has been met since these medications do not qualify as "preventive" medications.

Generic medicines are available within many of the therapeutic categories listed and should be considered as the first line of prescribing. All covered generic medications are $0 for participants in the MCP. Non-preventive covered generic medications will be $0 after the deductible has been met for participants in the HSP.

For benefit coverage or restrictions please check your benefit plan document(s). This listing is revised periodically as new drugs and new prescribing information becomes available. It is recommended that you bring this list of medications when you or a covered family member enrolled in the CCM Program sees a physician or other healthcare provider.

To learn more about CCM, call (828) 213-4648 or NCDV.MyHealthyLifeMailbox@HCAHealthcare.com. Visit MissionAndMe.com for more information about this program and other benefits.